



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
UNITED STATES ARMY INTELLIGENCE CENTER AND FORT HUACHUCA
1903 HATFIELD STREET
FORT HUACHUCA ARIZONA 85613-7000

ATZS-CG

13 May 2005

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: POLICY 132 – Establishing Reasonable Accommodation Procedures

1. REFERENCES.

- a. Rehabilitation Act of 1973.
- b. Americans with Disabilities Act (ADA) of 1990.
- c. Executive Order 13164, 26 Jul 00.
- d. FH Regulation 190-5, Motor Vehicle Traffic Code, 22 Mar 03.

1. PURPOSE. To set forth guidelines for qualified disabled US Army Intelligence Center and Fort Huachuca (USAIC&FH) civilian employees and applicants for employment to obtain reasonable accommodation in accordance with references a-c above.

2. APPLICABILITY. This policy applies to the US Army Intelligence Center and Fort Huachuca (USAIC&FH), its subordinate agencies and activities, and partner activities.

3. BACKGROUND. The Rehabilitation Act of 1973 prohibits employment discrimination in the federal sector against individuals with disabilities. The ADA of 1990 provides a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities and enforceable standards addressing discrimination against individuals with disabilities. These standards apply to the Rehabilitation Act of 1973. On 26 Jul 00, the President signed Executive Order 13164 requiring Federal agencies to establish procedures to facilitate the provision of reasonable accommodation.

a. The ADA prohibits discrimination against any “qualified individual with a disability.” Disabilities covered are defined as those that place substantial limitations on an individual’s major life activities, such as hearing, seeing, speaking, walking, breathing, performing manual tasks, caring for oneself, learning or working. To be protected under the ADA, an individual must be a qualified individual with a disability. This is a two-part process -- determining disability and determining qualification.

- (1) To be regarded as disabled, an individual must have:

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(a) A physical or mental impairment that substantially limits one or more major life activities,

(b) A record of a physical or mental impairment that substantially limits one or more of the individual's major life activities, or

(c) A history of being regarded as having an impairment, whether or not they have the impairment. Being regarded as having an impairment is predicated on the attitude or treatment by the employer.

(2) To be regarded as qualified, an individual with a disability must meet the essential eligibility requirements for receipt of services or participation in a public entity's programs, activities, or services with or without:

(a) Reasonable modifications to a public entity's rules, policies, or practices;

(b) Removal of architectural, communication, or transportation barriers; or

(c) Provision of auxiliary aids and services.

b. The ADA defines reasonable accommodation as "any change or adjustment to a job or work environment that permits a qualified applicant or employee with a disability to participate in the job application process, to perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities." The ADA requires employers to provide reasonable accommodation to the known physical or mental limitations of otherwise qualified applicants or employees with disabilities unless the employer can show that the accommodation would impose an undue hardship on the operation of its program.

4. POLICY.

a. USAIC&FH civilian employees or applicants for employment may initiate oral or written requests for reasonable accommodation. For employees, requests will be submitted through the first-line supervisor and Raymond W. Bliss Army Health Center, Occupational Health Services (OHS) Branch, to the Major Activity Director for whom the employee works. For applicants for employment, requests will be submitted to the Civilian Personnel Advisory Center (CPAC) Director. Requests containing requirements for reserved parking as reasonable accommodation will be submitted to or through the Garrison Commander, as appropriate. Requests for reasonable accommodation will be granted or denied within fifteen (15) business days from the date of receipt by OHS.

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b. The request must contain medical information related to the functional impairment at issue and the requested accommodation where the disability and/or need for accommodation is not obvious. Appropriate USAIC&FH personnel may request relevant supplemental medical information if the information submitted

(a) does not clearly explain the nature of the disability,

(b) does not clearly explain the need for the reasonable accommodation, or

(c) does not otherwise clarify how the requested accommodation will assist the employee to perform the essential functions of the job or to enjoy the benefits and privileges of the workplace.

c. If USAIC&FH personnel request relevant supplemental medical information, the 15 business-day time period is frozen until the information is submitted. USAIC&FH has the right to have medical information reviewed by a medical expert of the agency's choosing at the agency's expense.

d. Reassignment may be a reasonable accommodation if it is determined that no other reasonable accommodation will permit the employee with a disability to perform the essential functions of the current position.

e. If a dispute arises, an informal dispute resolution process will be used to reconsider denials of reasonable accommodation. This process will be facilitated by the Equal Employment Opportunity Office. Requesters for reasonable accommodation will be informed that they have the right to file complaints in the Equal Employment Opportunity process and other statutory processes, as appropriate, if the dispute cannot be resolved.

5. RESPONSIBILITIES.

a. The qualified disabled USAIC&FH civilian employee or applicant for employment is responsible for (1) initiating an oral or written request for reasonable accommodation; (2) providing appropriate medical information related to the functional impairment at issue and the requested accommodation where the disability and/or need for accommodation is not obvious; and (3) informing the agency when reasonable accommodation is no longer required.

b. First-line supervisors are responsible for assisting the requesting employee through the application process.

c. The Director, CPAC, is responsible for assisting the requesting applicant for employment

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through the application process and for notifying the prospective employer of the need for reasonable accommodation in the recruitment process.

d. The Raymond W. Bliss Army Health Center, OHS Branch, is responsible for validating the requirement for reasonable accommodation. The OHS Branch has the right to request relevant supplemental medical information if the information submitted

(1) does not clearly explain the nature of the disability,

(2) does not clearly explain the need for the reasonable accommodation, or

(3) does not otherwise clarify how the requested accommodation will assist the employee to perform the essential functions of the job or to enjoy the benefits and privileges of the workplace. The OHS Branch will maintain the confidentiality of medical information received in accordance with applicable law and regulations; and

e. The director for whom the employee works is responsible for approval or disapproval of requests for reasonable accommodation and making required workplace modifications. The director will submit requests for estimates on cost of necessary facility workplace modifications to the Directorate of Installation Support (DIS). The director will fund non-facility workplace modifications.

f. The DIS will provide cost estimates for facility workplace modifications to requesting directors. The DIS will fund the facility workplace modifications.

g. The Garrison Commander is responsible for approval or disapproval of requests for reserved parking as reasonable accommodation (reference d).

h. The USAIC&FH Reasonable Accommodation Coordinator is responsible for tracking the processing of requests for reasonable accommodation, for assisting directors to facilitate necessary workplace modifications, and for reviewing this memorandum annually for applicability.

6. PROCEDURES.

a. The USAIC&FH civilian employee will submit an oral or written request for reasonable accommodation to the first-line supervisor. The applicant for employment will submit the request to the Director, CPAC. The request will contain a doctor's description of the disabling condition substantiating reasonable accommodation. The description must be in sufficient detail to be reviewed and validated by qualified health professionals in the OHS Branch. The

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description of the disabling condition does not have to be released to any USAIC&FH officials other than the medical reviewer at the OHS Branch.

b. Supervisors will allow the requesting civilian employee sufficient time to coordinate the request for reasonable accommodation with the appropriate USAIC&FH agencies.

c. The OHS Branch will review the request for reasonable accommodation, evaluate the applicant-submitted doctor's description of disabling condition(s) and validate the requirement for reasonable accommodation. The OHS Branch representative will annotate the request with an estimated duration of the disabling condition(s). For a request not validated by the OHS Branch, a written explanation will be forwarded to the requesting employee within ten (10) business days of review of the evaluation. The OHS Branch will forward the medically validated request to the director for whom the employee works and/or Garrison Commander for final determination.

d. The director will make final determination within five (5) business days of receipt of the validated request. The approved request will be forwarded to the requesting employee. A request that is denied will be returned to the requesting employee with written reasons for denial.

e. The Garrison Commander will make final determination on reasonable accommodation involving reserved parking within five (5) business days of receipt of the validated request. The approved request will be forwarded to the requesting employee. A request that is denied will be returned to the requesting employee with written reasons for denial.

7. PROPONENT. Ms. Joan Street, Reasonable Accommodations Coordinator, 538-0276, email joan.street@us.army.mil.

Encls

1. Reasonable Accommodation Request Checklist
2. Reasonable Accommodation Request Form
3. Reasonable Accommodation Decision Form
4. Denial of Reasonable Accommodation Request



BARBARA G. FAST
Major General, USA
Commanding

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REASONABLE ACCOMMODATION REQUEST CHECKLIST
(For Management's Use In Processing Employee/Applicant Requests)

Warning: Information contained in this document is protected by the Privacy Act (5 USC 552a)

In accordance with the Act:

- (1) Only information about the individual that is relevant and necessary to accomplish the purpose of determining and evaluating a request for reasonable accommodation (RA) should be requested; 5 USC 552a (e) (1);
- (2) Information should be collected directly from the individual requesting the RA, particularly when the information may result in sensitive determinations about the individual's rights, benefits, and privileges that include possible RA (5 USC 552a(e) (2);
- (3) Appropriate administrative, technical and physical safeguards must be followed to insure the security and confidentiality of records and to protect against any anticipated threats or hazards to their security or integrity. Not safeguarding sensitive information appropriately could result in substantial harm, embarrassment, inconvenience or unfairness to an individual on whom information is maintained; 5 USC 522a (e) (10).

1. Request for accommodation:

- a. Written Yes____ (attach copy) No____
- b. Oral? Yes____ (attach supervisor's documentation) No____
- c. Date _____
- d. Name/Job title of employee for which request is being made. _____

e. If someone other than the person named in 1.d. above is making the request, provide name/address/phone number and relationship of person making the request.

f. Did employee receive a copy of Privacy Act Statement? Yes____ No____

2. Employee's stated accommodation:

- a. What is the nature of the disability? _____
- b. Is the disability and need for accommodation obvious? Yes____ No____
- c. Has the employee provided medical information relative to stated disability in the past?
Yes____ Date Received _____ No____
- d. If the answer to both 2b and 2c is "no", coordinate with the RA Coordinator, Joan Street, 8-0276) and request medical documentation from employee:
Date coordinated with RA Coordinator _____
Date medical information requested _____
Date received _____

3. Meeting with employee:

- a. Is a meeting needed to clarify needs? Yes_____ No_____
- b. Coordinated with CPAC before meeting with employee to determine obligation to invite bargaining unit representative? Yes_____ No_____

Date of meeting_____

c. Narrative describing discussion with employee (May include: Which job duties are affected? Are any of the duties impacted considered essential elements of the employee's position? If so, can accommodation be made to enable the employee to perform these tasks?)

d. List possible accommodations:

4. Coordination with EEO Office:

- a. Date of meeting_____
- b. Narrative describing discussion (May include: Does the employee have a physical or mental disability that substantially limits one or more of the major life activities? Which of the accommodations being discussed are available/reasonable? If there is a need to consult with a resource outside of the agency, e.g., Computer/Electronic Accommodations Program (CAP) officials. Who has control over the resources? Who will make the decision? Must the Union be notified before implementing an accommodation?)

5. a. Alternative Actions/Accommodations Recommendations:

b. Alternative Actions/Accommodations: Are any of the listed accommodations an undue hardship? (Generalized conclusions will not suffice to support a claim of undue hardship. Undue hardship must be based on an individualized assessment of current circumstances that show a specific reason accommodation would cause significant difficulty or expense to the Army.) If so, explain:

6. Accommodations chosen, if any (explain reason for choice).

7. Coordinate with other organizational elements, as applicable, i.e., EEO, Occupational Health Specialist, CAP, CPAC, etc.

8. Effective date for the RA: _____

Additional Notes:

REASONABLE ACCOMMODATION REQUEST FORM

Before completing and submitting this form, please read the following Privacy Act Statement

PRIVACY ACT STATEMENT

The Army is authorized to collect the information by Section 501 of the Rehabilitation Act of 1973, 29 USC 791. The information provided by you will be used primarily to facilitate the processing of your request. Furnishing of the requested information and documentation is voluntary. However, failure to fully complete this form or provide the necessary information may result in either a delay of the needed accommodation or the denial of your request.

1. Employee/Applicant Requester:

Print Name and Office/Work Unit _____

Position Title, Series & Grade _____

Work Phone Number _____ Home Phone Number _____

2. I am a person with a disability who is requesting a reasonable accommodation under the Rehabilitation Act of 1973, as amended. I am requesting accommodations because I have the medical condition(s) described below. (Describe the condition(s) for which accommodation is/are needed)

3. Situation or Job Task(s): (Describe the current employment situation, i.e., job tasks, employment practice, or workplace barrier that keeps you from performing essential job functions or from receiving equal benefits and privileges of employment.) _____

4. Accommodation(s) Requested: (Identify suggested accommodation(s) or state if possible accommodations are not known. Provide recommendations for alternative accommodation(s) where possible.) _____

Signature _____ Date _____

Note: If the requesting employee/applicant is unable to sign (e.g., in hospital, blind, etc) a representative will "sign for" on this line.

REASONABLE ACCOMMODATION INFORMATION DECISION

1. Reasonable accommodation: (Check one)

_____ Approved

_____ Denied (If denied, attach the Denial of Reasonable Accommodation Request Form)

2. Date reasonable accommodation requested: _____

Who received request: _____

3. Date reasonable accommodation request referred to decision maker (i.e., Supervisor, Office Director, Reasonable Accommodation Coordinator, Personnel Management Specialist): _____

Name of decision maker: _____

4. Date of reasonable accommodation approved or denied: _____

5. Date reasonable accommodation provided (if different from date approved): _____

6. If time frames outlined in the Reasonable Accommodation Procedures were not met, please explain why. _____

7. Job held or desired by individual requesting reasonable accommodation (including occupational series, grade level, and office): _____

8. Reasonable Accommodation needed for: (check one)

_____ Application Process

_____ Performing Job Functions or Accessing the Work Environment

_____ Accessing a Benefit or Privilege of Employment (e.g., attending a training program or social event)

9. Type(s) of reasonable accommodation requested (e.g., adaptive equipment, staff assistant, removal of architectural barrier): _____

10. Type(s) of reasonable accommodation provided (if different from what was requested): _____

11. Was medical information required to process this request? If yes, explain why. _____

12. Sources of technical assistance, if any, consulted in trying to identify possible reasonable accommodations (e.g., Job Accommodation, Network, disability, organization, Reasonable Accommodation Coordinator): _____

13. Comments: _____

Submitted by: _____ Phone: _____

Attach copies of all documents obtained or developed in processing this request.

(Reasonable Accommodation Coordinator will assign a log number. _____

DENIAL OF REASONABLE ACCOMMODATION REQUEST

(Must Complete Numbers 1-4; Complete Number 5, If Applies)

1. Name of Individual requesting reasonable accommodation:

2. Type(s) of reasonable accommodation requested:

3. Request for reasonable accommodation denied because: (may check more than one box)

- ☐ Accommodation Ineffective
- ☐ Accommodation Would Cause Undue Hardship
- ☐ Medical Documentation Inadequate
- ☐ Accommodation Would Require Removal of an Essential Function
- ☐ Accommodation Would Require Lowering of Performance or Production Standard
- ☐ Other (Please Identify)_____

4. Detailed reason(s) for the reasonable accommodation (must be specific, e.g., why accommodation is ineffective or causes undue hardship):

5. If the individual proposed one type of reasonable accommodation which is being denied, but rejected an offer of a different type of reasonable accommodation, explain both the reasons for denial of the requested accommodation and why you believe the chosen accommodation would be effective.

6. If an individual wishes to request reconsideration of this decision, she/he may take the following steps:

- ☐ First, ask the decision maker to reconsider his/her denial. Additional information may be presented to support this request.

- ☐ If the decision was the Office Director, the individual can ask the Reasonable Accommodation Coordinator to do so.
 - ☐ If the decision maker was the Reasonable Accommodation Coordinator, the individual can ask the official designated by the Director of the Office of Equal Opportunity to do so.
7. If an individual wishes to file an EEO Complaint, or pursue MSPB and union grievance procedures, she/he must take the following steps:
- ☐ For an EEO complaint pursuant to 29 C.F.R. 1614, contact the Equal Employment Opportunity Office within 45 days from the date of this notice of denial of reasonable accommodation; or
 - ☐ For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement; or
 - ☐ Initiate an appeal to the Merit Systems Protection Board within 30 days of an appealable adverse action as defined in 5 C.F.R. 1201.3.

Name of Deciding Official

Signature of Deciding Official

Date reasonable accommodation denied: _____